Financially	Closed	Pro	cessed	at L\	/FC
Deobligate	ed \$	φ	-	100	13
By C	4	_On_	281	2057	JI
PO CONY	DAN	1186	DA	7021	1100

FEDERAL FINANCIAL REPORT

			(F	ollow form inst	tructions)						
 Federal Age 	ency and Organization	onal Element	2. Federal Grant or Other Identifying Number Assigned by Federal Agency				Pag			of	
to Which Report is Submitted			(To report multiple grants, use FFR Attachment)						1	1	
			1							1.5	
				./					1		
U.S. Departme	nt of Environment	al Protection Agency	FS99290515-1						4 3	00000	
		and complete address including								pages	
		일본 이렇게 함께 대통하게 되었다면 경기에 있다면 보다 되었다. 	Lp code;		/						
	e Department of H										
Empire State F	Plaza - Corning To	wer									
Albany, New Y	ork 12237-0016										
4a. DUNS Nun	nber	4b. EIN	5. Recipient Acc	6. Repo	6. Report Type 7. Basis o			ina			
			(To report m	ultiple grants,	□ Quarterly						
						1	H. J. H.				
						□ Sem	L-Annual				
						□ Annı	Jal)				
806781340		14-6013200	FS99290515-1			(x Final		x Cash D	Accrual		
8. Project/Gran	nt Period		1			9. Reporting P	eriod End Date				
From: (Mon	th, Day, Year)		To: (Month, Day	v, Year))	(Month, Da					
10/1/2014			9/30/2021	17°4 1952		8/13/2018					
			,			0/15/2010		To a construction			
10. Transact	ions				<u> </u>			Cumulativ	re .		
(Use lines a-c	for single or mult	tiple grant reporting)									
Federal Cash	(To report multip	le grants, also use FFR Attac	hment):								
a. Cash Re										\$0.00	
b. Cash Dis	sbursements						\$0.00				
c. Cash on	Hand (line a minus	b)								\$0.00	
	for single grant r									\$0.00	
	nditures and Unob										
	deral funds authoriz				7/09/				\$43,86	5,729.00	
	share of expenditure				16,4/2		\$43,865,729.00				
	share of unliquidate									\$0.00	
	deral share (sum of								\$43,86	5,729.00	
h. Unobliga	ited balance of Fede	eral funds (line d minus g)								\$0.00	
Recipient Sh	are:										
i. Total rec	iplent share require	d			0,				\$12,99	0,746.00	
j. Recipien	t share of expenditu	ires			33.16				\$12,99	0,746.00	
k. Remainin	g recipient share to	be provided (line i minus j)			7				The United Street	\$0.00	
Program Inco	me:		280-2009-00-00-00-0								
I. Total Fede	eral program income	e earned								\$0.00	
		in accordance with the deductio	n alternative							\$0.00	
		n accordance with the addition a								\$0.00	
		e (line I minus line m or line n)	and mount o							\$0.00	
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Cha	rood	f. Federal S	Chara	\$0.00	
11. Indirect	и. туро	D. TKILO	G. F GROUTTON	I GIROG 10	u. base	e. Amount Cha	igeu	i. rederal s	snare		
Expense									1000		
SAPOTION SAPOTE	A STATE OF THE PARTY OF THE PARTY OF		ON THE PARTY OF THE	- Totale.	***	-	****				
12 Pomarke:	Attach any avalance	tions deemed necessary or info		g. Totals:	\$0.00	NA	\$0.00			\$0.00	
12. Romarks:	Attach any explanat	tions deemed necessary or info	rmation required by	rederal spon	soring agency in compliance	with governing le	igislation:				
13. Certification	n: By signing thi	is report, I certify that it is tru	e, complete, and a	accurate to the	e best of my knowledge. I	am aware that					
		ulent information may subjec					Section 1001)			1	
		of Authorized Certifying Officia		or admin	orative penanties: 10.0. c		Area code, nun	nhor and ov	toncion)		
u. Typud or Til	ned Hame and The	of Authorized Certifying Chica						ilber and ex	lension)	- 1	
						(518) 474-1208					
Jane Harding, D'.rec' or of Accounting						d. Email address					
Bureau of Acc	ounts Managemen	t				jane.hardin	g@health.ny.go	OV.			
b. Signature of	Autnorized Certifying	ng Official			/	e. Date Repor	t Submitted (M	onth, Day, Y	(ear)		
()		1 .									
Jane Handen						August 24, 2018					
						14. Agency use only:					
		:A)								
			4000 Bo			A CONTRACT OF THE PARTY OF THE				COLUMN STREET	

Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

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According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collecti